

Association:

List any previous associations with fire prevention and suppression or Law Enforcement organizations.

Formal first aid or emergency Medical care training and Certification

In case of accident or injury, notify:

NAME ADDRESS PHONE

FAMILY PHYSICIAN: _____
NAME PHONE

I hereby affirm that all foregoing statements are true and correct to the best of my knowledge.

I understand that any false statement on this application will be considered as sufficient cause for rejection as an applicant or dismissal if it comes to light after membership has been approved.

Signature of applicant

Date of signature

KEMAH VOLUNTEER FIRE DEPARTMENT'S BACKGROUND CHECK RELEASE FORM

_____ understand that investigative background inquiries are to be made on myself which may include criminal history and/or, motor vehicle reports. I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving and criminal experiences.

I authorize without reservations, any party or agency contacted by the Kemah Volunteer Fire Department to furnish the above mentioned information.

I hereby consent to your obtaining the above information from EMPLOYMENT SCREENING, INC. and/or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following information is necessary:

Individual's Full Name: _____

Address: _____

City: _____ **ST:** _____ **ZIP:** _____

DOB: _____ **SS#:** _____ **DR. LIC #:** _____ **ST:** _____

Applicant's Signature: _____ **Date:** _____

DO BACKGROUND CHECK WHICH INCLUDES:

_____ **Motor Vehicle Report** _____ **Criminal History**

Criminal History: County, ST 1) _____ 2) _____